

# **ANXIETY DISORDER**

## **by Dr. Julius Meller**

Anxiety is an expected, normal and transient response to stress testing coping skills and adaptation.

Pathological Anxiety results from an unknown internal stimulus, or is inappropriate or excessive when compared to the existing external stimulus.

### Features of Pathological Anxiety

This has no or minimal recognizable environmental trigger and the intensity exceeds the patient's capacity to bear discomfort, with symptoms that are persistent, rather than transient, which impairs coping, and results in disabling behavioral strategies, such as avoidance or withdrawal.

### The Physical Symptoms

Rapid pulse, breathing and sweating, and lightheadedness related to autonomic (internal nervous and involuntary) control.

The mood symptoms vary from mild ("edginess") to severe (terror, losing control, or "going to die").

The behavior is characterized by avoidance or compulsions, recurrent worry, anticipating the worst, with fears of mental or physical damage.

This is the most common of Psychiatric Disorders (25% of population over a life-time). There is an increased risk for these disorders in first degree relatives, and six-fold in Panic states in twin genetic studies.

Nor-Adrenaline in the brain triggers these reactions, and Gaba (neurotransmitters) including the source from the Limbic (emotional) System accounts for 70% of the inhibition of Brain action. Serotonin and Neuro-Peptides mediate generalized anxiety, worry, and vigilance in these Stress Responses.

This opposing system modulates these two chemical actions involved, which are also affected by antidepressants and benzodiazepines (e.g. xanax), apart from Psychotherapy, to correct dysfunctional thinking as avoidance or compulsive behavior locks in the production of anxiety reactions.

It is necessary for the physician to do a full review of the individual's Physical condition and past History, including hospitalizations, family history, laboratory and clinical tests.

It is also important to realize that anxiety is the presenting problem in 11% of patients visiting the primary care physician, apart from depressive and other psychiatric conditions, which often takes more than 10 minutes to recognize or treat (as HMO's expect).

In known medical illnesses, the condition, complications, and treatment should be suspected as causes of anxiety, in which the relative lack of Psychological symptoms with severe physical symptoms occurs.

In *organic anxiety symptoms*, there are fewer circumstantial and less prior events, with poor response to medications. There are *prominent anxiety symptoms* in relation to the consequences of an exacerbated physical condition, and is not exclusively part of a Delirium (confusion) with impaired function. *There are more than 90% of patients with anxiety are waiting to be treated.*

They present with bodily complaints to a general practitioner or in the emergency rooms, as mentioned with *anxiety*, chest pains, dizziness, shortness of breath (particularly Panic states) and irritable bowel syndrome. Usually there may be time to rule out physical causes.

There are drug-related states or lack of blood oxygen or glucose in many conditions, as in cardiac, respiratory, or endocrine conditions, including metabolic or neurological states. The physical conditions must be addressed first, as well as the anxiety with medications and therapy.

In substance abuse induced anxiety states, the anxiety is commonly triggered by the substance of abuse in states of intoxication or withdrawal from stimulant or sedative drugs. Usually there is a previous history of abuse or abrupt cessation that can trigger anxiety, causing impaired function and is not part of a Delirium. A wide variety of medications can be used, including anti-depressants, benzodiazepines and anti-psychotics.

The types of Anxiety Disorders that are treated specifically will be mentioned, but not in detail. It must be remembered that these conditions have high rates of relapse (20% - 50%) after discontinuation of maintenance therapy, if uncovered.

These conditions include **Panic Disorder** (with Agoraphobia) and loss of control, **generalized anxiety disorder** characterized by chronic worry, specific phobia with persistent fears of particular events or objects, **social phobia** with persistent fears when exposed to public scrutiny, **obsessive compulsive disorder** - with recurrent intrusive thoughts or compulsive fears or rituals (repetitive hand-washing and fears of germs etc)

**Post traumatic stress disorder** having an event or repetitive experiences with or without brain injury, in which the threat of death, injury or harm to themselves or others causes intense fear, helplessness or horror (as in war veterans or natural disasters or accidents). In **Adjustment Disorders** with Anxiety there are emotional or behavioral

responses in the context of identified Psycho-Social Stressors (Not Perceived or experienced as life Threatening). Initially this may distress or disrupt life function but is recoverable with or without help but may persist if the individual adapts to the stress or removes him/herself from it (as in a job or relationship problem). This condition is the commonest occurrence in normal persons or more likely in those with **Personality Disorders**.

**Acknowledgement:**

The Ten-minute Guide to Psychiatric Diagnosis and Treatment.  
Ed. T.A. Stern, D.V. IOSIFESCU, M.H. Pollack. CH. 16. Mcneil Pharm.(2005).